

**Exhibit 266** [replacing Dkt. #1964-54] attached to Plaintiffs' Memorandum of Law in Support of Motion for Partial Summary Adjudication that Defendants did not Comply with Their Duties under the Federal Controlled Substances Act to Report Suspicious Opioid Orders and Not Ship Them (Second Corrected) at Dkt. #1910-1.

**Exhibit 612** [replacing Dkt. #2371-68] attached to Plaintiffs' Consolidated Memorandum in Opposition to Defendants' Motions for Summary Judgment on Plaintiffs' Civil Conspiracy, RICO and OCPA Claims at Dkt. #2182.

- Redactions withdrawn by Defendant

**McKESSON**

Empowering Healthcare

**RNA -Threshold Change/Level 1 Form**\*NOTE: Areas in **Bold** are **MANDATORY** \*Date: 4-28-10Submitted by Steve Schmidt

Home DC

Request for threshold change Y/N?        Temp/Perm?        Level 1 Notification?         
Anticipated Effective Date:        (Attach list if necessary)

<b>Customer Name:</b> <u>See list</u>	<b>Corporate Contact Name:</b> <u>      </u>
<b>Address:</b> <u>      </u>	<b>Title:</b> <u>      </u>
<u>      </u>	<b>Phone:</b> <u>      </u>
<u>      </u>	<b>Has account reached monthly threshold Y/N?</b> <u>      </u>
<b>DEA number:</b> <u>      </u>	<b>Has Level One been conducted Y/N?</b> <u>      </u>
<b>Customer Account number:</b> <u>      </u>	<b>If contact different than above, List here:</b> <u>      </u>

**Provide Economost number, Description or Base Code      Dosage amount or percentage**

- |                                  |                           |
|----------------------------------|---------------------------|
| 1. CS requested: <u>See list</u> | +/- amount <u>+15.00%</u> |
| 2. CS requested: <u>      </u>   | +/- amount <u>      </u>  |
| 3. CS requested: <u>      </u>   | +/- amount <u>      </u>  |
| 4. CS requested: <u>      </u>   | +/- amount <u>      </u>  |
| 5. CS requested: <u>      </u>   | +/- amount <u>      </u>  |

**Reason for requested change (BE SPECIFIC, include supporting documentation):**

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

**McKesson use only**

1. Has threshold been changed on the same product within the last three months?
2. If Yes, List dates:

**Current Threshold**

- 1.
- 2.
- 3.
- 4.
- 5.

**Approval/Denial Approved by:**DC Management Jake KramerDate: 4/28/10Regulatory Tom McDonaldDate: 4-28-10

RNA TCR CVS Multi 4-28-10.docRNA TCR CVS Multi 4-28-10.doc

MCK 000495

Confidential Material Exempt  
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Home DC	Reg.DC	Chain License	Account	Name
8131	8131	815 FM0755390	585706	CVS PHCY 5305A

Base Code	Description
9143	OXYCODONE

Monthly Threshold	MTD Accumulator	Threshold %	New Threshold
11000	10934	99.4	13000

MCK 000496

MCKMDL00000498

Confidential Material Exempt  
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER

**McKesson**

Empowering Healthcare

**RNA -Threshold Change/Level 1 Form**\*NOTE: Areas in **Bold** are **MANDATORY** \*Date: 1-20-10Submitted by Steve Schmidt

Home DC

Request for threshold change Y/N?      Temp/Perm?      Level 1 Notification?       
Anticipated Effective Date:      (Attach list if necessary)

<b>Customer Name:</b> <u>See list</u>	<b>Corporate Contact Name:</b> <u>    </u>
<b>Address:</b> <u>    </u>	<b>Title:</b> <u>    </u>
<u>    </u>	<b>Phone:</b> <u>    </u>
<u>    </u>	<b>Has account reached monthly threshold Y/N?</b> <u>    </u>
<b>DEA number:</b> <u>    </u>	<b>Has Level One been conducted Y/N?</b> <u>    </u>
<b>Customer Account number:</b> <u>    </u>	<b>If contact different than above, List here:</b> <u>    </u>

Provide Economost number, Description or Base Code      Dosage amount or percentage

- |                                  |                           |
|----------------------------------|---------------------------|
| 1. CS requested: <u>See list</u> | +/- amount <u>+15.00%</u> |
| 2. CS requested: <u>    </u>     | +/- amount <u>    </u>    |
| 3. CS requested: <u>    </u>     | +/- amount <u>    </u>    |
| 4. CS requested: <u>    </u>     | +/- amount <u>    </u>    |
| 5. CS requested: <u>    </u>     | +/- amount <u>    </u>    |

**Reason for requested change (BE SPECIFIC, include supporting documentation):**

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**McKesson use only**

- Has threshold been changed on the same product within the last three months?
- If Yes, List dates:

**Current Threshold**

- 
- 
- 
- 
- 

**Approval/Denial Approved by:**DC Management Jake KramerDate: 1/21/10Regulatory Michael OrienteDate: 1-20-10

RNA TCR CVS Multi 1-20-10.docRNA TCR CVS Multi 1-20-10.doc

MCK 000497

Confidential Material Exempt  
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Home DC	Reg DC	Chain	License	Account	Name
8131	8131	815	FM1634220	804082	CVS PHCY 8944A
8147	8147	815	BC2586949	839385	CVS PHCY 9695B
8147	8147	815	BC5694928	838463	CVS PHCY 9624B
8147	8147	815	BC2586329	819402	CVS PHCY 8839B
8147	8147	815	BC2365826	819116	CVS PHCY 8812B
8147	8147	815	BC6460721	837547	CVS PHCY 9562B
8147	8147	815	BC2584628	829100	CVS PHCY 9165B
8147	8147	815	BC8753231	837972	CVS PHCY 9583B
8170	8170	815	BC6818352	842119	CVS PHCY 9283B
8170	8170	815	BC8231576	66587	CVS PHCY 0086B
8170	8170	815	BC6818352	842119	CVS PHCY 9283B
8170	8170	815	BC8231643	562908	CVS PHCY 0017B

Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %
9143	OXYCODONE	8000	6600	82.5
9143	OXYCODONE	8000	7100	88.75
1100	AMPHETAMINE	6900	6100	88.41
9050	CODEINE-N-OXIDE	7000	6000	85.71
2285	PHENOBARBITAL	5000	4200	84
9050	CODEINE-N-OXIDE	6000	5000	83.33
9143	OXYCODONE	9200	7600	82.61
9050	CODEINE-N-OXIDE	5000	4032	80.64
1100	AMPHETAMINE	5000	5000	100
9143	OXYCODONE	26400	26336	99.76
9143	OXYCODONE	16000	15917	99.48
1100	AMPHETAMINE	6000	5600	93.33

MCK 000498

MCKMDL00000500

**McKESSON**

Empowering Healthcare

**Threshold Change Form**

Immediate Change Request Y/NY

Anticipated Effective Date: 4-16-09Date: 4-16-09Customer Name: See list

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

Provide Economost number, Description, NDC or Base Code Change in selling unit or percentage

- |                                  |                            |
|----------------------------------|----------------------------|
| 1. CS requested: <u>See list</u> | Increase amount <u>15%</u> |
| 2. CS requested: _____           | Increase amount _____      |
| 3. CS requested: _____           | Increase amount _____      |
| 4. CS requested: _____           | Increase amount _____      |
| 5. CS requested: _____           | Increase amount _____      |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file? Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

## Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by:**

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS4-16-09.doc

MCK 000499

Confidential Material Exempt  
From Disclosure Under FOIA



Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change FormCVS4-16-09.doc

MCK 000500

Confidential Material Exempt  
From Disclosure Under FOIA

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Home DC	Reg.DC	Chain License	Account Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %	
8131	8131	815 FM0755390	585706 CVS PHCY 5305A	2882	ALPRAZOLAM	9200	8000	86.96	10580
8170	8170	815 BC8570245	381441 CVS PHCY 8420B	9300	MORPHINE	8050	8000	99.38	9257
8180	8180	815 BC0285038	842985 CVS PHCY 8624A	9300	MORPHINE	6000	5300	88.33	6900

MCK 000501

MCKMDL00000503

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CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER



**McKESSON**

Empowering Healthcare

**Threshold Change Form**Immediate Change Request Y/N YAnticipated Effective Date: 4-17-09Date: 4-17-09Customer Name: See listAddress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                                  |                            |
|----------------------------------|----------------------------|
| 1. CS requested: <u>See list</u> | Increase amount <u>15%</u> |
| 2. CS requested: _____           | Increase amount _____      |
| 3. CS requested: _____           | Increase amount _____      |
| 4. CS requested: _____           | Increase amount _____      |
| 5. CS requested: _____           | Increase amount _____      |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file?      Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

## Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by:

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS4-17-09.doc

MCK 000502

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From Disclosure Under FOIA



Regulatory \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change FormCVS4-17-09.doc

MCK 000503

Confidential Material Exempt  
From Disclosure Under FOIA

Home DC	Reg.DC	Chain License	Account Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %
8115	8115	815 FC0865937	118517 CVS PHCY 3234B	9193	HYDROCODONE	11000	11000	100
8170	8170	815 BC8570245	381441 CVS PHCY 8420B	9300	MORPHINE	8050	8000	99.38
8165	8165	815 BC5359446	268192 CVS PHCY 7682B	1100	AMPHETAMINE	6000	5600	93.33
8165	8165	815 BC5360932	88207 CVS PHCY 7237B	1100	AMPHETAMINE	7000	6400	91.43
8180	8180	815 BC0285038	842985 CVS PHCY 8624A	9300	MORPHINE	6000	5300	88.33
8131	8131	815 FM0755390	585706 CVS PHCY 5305A	2882	ALPRAZOLAM	9200	8000	86.96
8147	8147	815 BC7124023	819155 CVS PHCY 8814B	9300	MORPHINE	6000	5203	86.72

MCK 000504

MCKMDL00000506

Confidential Material Exempt  
From Disclosure Under FOIA

CONFIDENTIAL-SUBJECT TO MDL 2804 PROTECTIVE ORDER



## Threshold Change Form

Immediate Change Request Y/NY

Anticipated Effective Date: 4-14-09

Date: 4-14-09

Customer Name: See list

Address: \_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                           |                       |
|---------------------------|-----------------------|
| 1. CS requested: See list | Increase amount 15%   |
| 2. CS requested: _____    | Increase amount _____ |
| 3. CS requested: _____    | Increase amount _____ |
| 4. CS requested: _____    | Increase amount _____ |
| 5. CS requested: _____    | Increase amount _____ |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file?      Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

### Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by:

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS4-14-09.doc

MCK 000505

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**MCKESSON**

*Empowering Healthcare*

Regulatory Tom McDonald

Date: 4-14-09

Threshold Change FormCVS4-14-09.doc

MCK 000506

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MCKMDL00000508

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Home DC	Reg.DC	Chain License	Account Name	Base Code	Description	Monthly Threshold	MTD Accumulator	Threshold %	Increase to
8131	8131	815 FM0755390	585706 CVS PHCY 5305A	2882	ALPRAZOLAM	8000	8000	100	9200
8147	8147	815 BC2584527	831616 CVS PHCY 9479B	1100	AMPHETAMINE	7000	6900	98.57	8050
8170	8170	815 BC8570245	381441 CVS PHCY 8420B	9300	MORPHINE	7000	7000	100	8050

MCK 000507

MCKMDL00000509

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## Threshold Change Form

Immediate Change Request Y/NY

Anticipated Effective Date: 3-27-09

Date: 3-27-09

Customer Name: See list

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEA number: \_\_\_\_\_

Customer Account number: \_\_\_\_\_

Provide Economost number, Description, NDC or Base Code      Change in selling unit or percentage

- |                                  |                            |
|----------------------------------|----------------------------|
| 1. CS requested: <u>See list</u> | Increase amount <u>15%</u> |
| 2. CS requested: _____           | Increase amount _____      |
| 3. CS requested: _____           | Increase amount _____      |
| 4. CS requested: _____           | Increase amount _____      |
| 5. CS requested: _____           | Increase amount _____      |

Reason for change (attach supporting documentation):

"Per the process agreed to with McKesson and the CVS Loss Prevention Team 2/6/09, Michael Oriente will provide CVS a list of any location requiring CVS validation prior to further TCRs. For now these threshold increases are considered reasonable."

### McKesson use only

1. Date of last site visit/observation. \_\_\_\_\_
2. Questionnaire and Declaration on file?      Date: \_\_\_\_\_
3. Permanent or Temporary threshold change?
4. Has threshold been changed on the same product within the last three months?

### Current Threshold

- 1.
- 2.
- 3.
- 4.
- 5.

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by:**

DCM \_\_\_\_\_

Date: \_\_\_\_\_

Sales \_\_\_\_\_

Date: \_\_\_\_\_

Threshold Change Form CVS3-27-09 (2).doc

MCK 000508

Confidential Material Exempt  
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**MCKESSON**  
Empowering Healthcare

Regulatory Tom McDonald

Date: 3-30-09

Threshold Change Form CVS3-27-09 (2).doc

MCK 000509

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From Disclosure Under FOIA



DRA	Home DC	Reg. DC	Chain License	Account Name	Base Code Description	Monthly Threshold	MTD Accumulator	Threshold %
Bill	8115	8115	815 BC5350385	213156 CVS PHCY 6741B	9250 METHADONE	7000	6100	87
Bill	8115	8115	815 BC5350715	497126 CVS PHCY 6893B	9143 OXYCODONE	8000	7000	88
Bill	8115	8115	815 BC5352264	532877 CVS PHCY 7108B	1100 AMPHETAMINE	7000	6300	90
Bill	8115	8115	815 BC5361100	253968 CVS PHCY 7293B	1100 AMPHETAMINE	9600	8400	88
Bill	8115	8115	815 BC5354876	819056 CVS PHCY 7486B	1100 AMPHETAMINE	5000	4950	99
Bill	8115	8115	815 BC5359244	884647 CVS PHCY 7645B	9300 MORPHINE	5000	4500	90
Bill	8149	8149	815 FM1277359	724109 CVS PHCY 4997A	1724 METHYLPHENIDATE	8000	6980	87
Bill	8165	8165	815 BC5359650	687730 CVS PHCY 7742B	1100 AMPHETAMINE	6000	5300	88
Bill	8194	8194	936 RC0347725	807067 CVS LA HABRA TEST	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936 RC0347725	807067 CVS LA HABRA TEST	9411 NALOXONE	85000	73440	86
Bill	8194	8194	936 RC0347725	829241 CVS LA HABRA-BRAND	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936 RC0347725	829241 CVS LA HABRA-BRAND	9411 NALOXONE	85000	73440	86
Bill	8194	8194	936 RC0347725	829297 CVS LA HABRA-BRAND CTRL	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936 RC0347725	829297 CVS LA HABRA-BRAND CTRL	9411 NALOXONE	85000	73440	86
Bill	8194	8194	936 RC0347725	829319 CVS LA HABRA-REFRIGERATED	4187 TESTOSTERONE	101000	89260	88
Bill	8194	8194	936 RC0347725	829319 CVS LA HABRA-REFRIGERATED	9411 NALOXONE	85000	73440	86
Dave	8109	8109	815 BC6397752	817291 CVS PHCY 8651A	1724 METHYLPHENIDATE	10120	9230	91
Tom	8131	8131	815 FM0755390	585706 CVS PHCY 5305A	9143 OXYCODONE	15600	13600	87
Tom	8131	8131	815 FM0755390	585706 CVS PHCY 5305A	9300 MORPHINE	5000	4300	86
Tom	8147	8147	815 BC5102506	819332 CVS PHCY 8838B	1100 AMPHETAMINE	6000	5200	87
Tom	8147	8147	815 BC2586658	824648 CVS PHCY 8871B	1724 METHYLPHENIDATE	9000	7730	86
Tom	8147	8147	815 BC2586658	824648 CVS PHCY 8871B	1100 AMPHETAMINE	14000	13450	96
Tom	8147	8147	815 BC2584539	828247 CVS PHCY 9111B	1100 AMPHETAMINE	7200	6800	94
Tom	8147	8147	815 BC2584577	829050 CVS PHCY 9145B	9193 HYDROCODONE	20000	19800	99
Tom	8147	8147	815 BC2584503	829112 CVS PHCY 9173B	9193 HYDROCODONE	13000	11248	87
Tom	8147	8147	815 BC2586848	839291 CVS PHCY 9683B	9193 HYDROCODONE	22000	19200	87
Tom	8147	8147	815 BC2586331	840630 CVS PHCY 9799B	9143 OXYCODONE	8000	6900	86
Tom	8147	8147	815 BC2586331	840630 CVS PHCY 9799B	9300 MORPHINE	5000	4508	90
Tom	8147	8147	815 BC2586177	840690 CVS PHCY 9849B	9193 HYDROCODONE	16100	14000	87
Tom	8170	8170	815 BC8231843	562908 CVS PHCY 0017B	1100 AMPHETAMINE	5000	4600	92
Tom	8170	8170	815 BC3490555	841568 CVS PHCY 9232B	9143 OXYCODONE	13000	11400	88

MCK 000510

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MCKMDL00000512

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